Fax To: 281-406-1047
Email To: referrals@curbsideinfusion.com
Office: 281-406-1046

SIMPONI ARIA (golimumab) infusion orders

Patient Name DOB

Phone M F

DIAGNOSIS *Please provide ICD-10 code*

Rheumatoid Arthritis

Active Psoriatic Arthritis (PSA) *(other)*

Active Ankylosing Spondylitis (AS)

PRE-MEDICATION

Tylenol 1000mg PO

Diphenhydramine 25mg PO

Cetirizine 10mg PO

(other)

Solu-Medrol 125mg IVP

Solu-Cortef 100mg IVP

Diphenhydramine 25mg IVP

(other)

SIMPONIA ARIA ORDERS

DOSAGE

2 mg/kg *(weight-based)*

mg *(flat dose)*

PATIENT WEIGHT

lbs.

kg

FREQUENCY

every 0,4, and every 8 weeks *(induction)*

every weeks *(maintenance)*

NOTES

ORDERING PROVIDER

Signature **X** Date

Provider Phone Fax

v1.6 Copyright 2018, Intellectual Property of WeInfuse , LLC